

Case Number:	CM14-0006357		
Date Assigned:	02/07/2014	Date of Injury:	10/24/2005
Decision Date:	06/30/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records from 10/28/2013 to 01/08/2014 were reviewed and showed that patient complained of low back pain, graded 7/10, with radiation to the left lower extremity. The pain is aggravated by activity and relieved by rest. There was also weakness, numbness, and tingling of the left lower extremity. Patient can tolerate prolonged sitting and walking for 20 minutes, and prolonged standing for 30 minutes. Physical examination showed that patient had an antalgic gait favouring the left side. There was tenderness over the paraspinal muscles overlying the facet joints. Lumbar spinal flexion and extension were limited to 30 and 10 degrees, respectively. Straight leg raise test was positive bilaterally. Sensation was diminished to light touch over the L5-S1 dermatomal distribution. MRI of the lumbar spine, dated 11/26/2011, showed no acute fracture, spondylolisthesis, or spinal canal or neural stenosis. Treatment to date has included ranitidine, hydrocodone, gabapentin, diclofenac, Flexeril, nortriptyline, and lumbar fusion (2007).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

FLEXERIL 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Medical Treatment Guidelines, Muscle Relaxants..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated on page 41 of CA MTUS Chronic Pain Medical Treatment Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Flexeril since 10/28/2013. However, the medical records submitted for review do not show objective evidence of functional benefits of Flexeril use. Furthermore, long-term use of Flexeril is not recommended. Finally, the present request as submitted does not specify the amount to be dispensed. Therefore, the request for Flexeril 10mg is not medically necessary.